

**CRITERIA FOR PRIOR AUTHORIZATION**

Ophthalmic Immunologic Agents

**PROVIDER GROUP** Pharmacy

**MANUAL GUIDELINES** The following drug(s) require prior authorization:  
cyclosporine (Restasis®)

**CRITERIA FOR INITIAL APPROVAL** must meet all of the following:

- Patient must have a diagnosis of keratoconjunctivitis sicca (dry eyes)
- Patient must be 16 years of age or older
- Must be prescribed by or in consultation with an ophthalmologist, optometrist, or rheumatologist

**LENGTH OF INITIAL APPROVAL** 3 months

**CRITERIA FOR RENEWAL** must meet all of the following:

- Patient must not be using ophthalmic anti-inflammatory drugs

**LENGTH OF RENEWAL APPROVAL** 12 months